



# Clark County Regional Support Network Policy Statement

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**Policy No.:** 17-A  
**Policy Title:** Appeal of Denial – Child Service Elements  
**Effective Date:** 09/01/2001

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**Policy:** All services provided by PHP contracted agencies for Clark County PHP covered beneficiaries must be authorized for reimbursement, data monitoring and outcomes as needed by the PHP and Washington State Mental Health Division. The Mobile Crisis Assignment Team will make their determination regarding level of treatment appropriate for that consumer based on their clinical assessment. No pre – screening by MCAT is required for PHP eligible consumers requiring brief, solution focused treatment from contracted providers. The contractor then requests authorization for payment from Clark County Behavioral Health Services based upon the required IS documentation and referral from MCAT for element of service. CCBHS in consultation with MCAT will approve, deny, or modify with the provider the services to be authorized for payment.

Denial of service authorization, whether in part or in whole, shall be based upon but not limited to the following: Client ineligibility for PHP funded services, incomplete data requirements, lack of documented medical necessity, treatment outside of best practice standards, and non-compliance with authorization timelines. An appeal and grievance process is available when disagreements occur about service authorization decisions.

**References:** Clark County RSN contract, WAC 388-865-0255, and any other applicable RCWs and WAC statutes or code.

## **Procedures:**

1. The Mobile Crisis Assignment Team will make a determination regarding the element of treatment and medical necessity criteria based on their clinical judgement. Services provided without authorization will not be credited towards the provider's performance objectives.
2. Provider agencies must have an internal Denial of Service Policy and Procedure as part of their Complaint and Grievance procedures. Clark County Behavioral Health will be familiar with all contracted provider agencies Denial of Service policies and procedures. Provider agencies submit reports reflecting consumer complaints on a monthly basis to CCBHS. (See Complaint and Grievance Policy and Procedure.)
3. A request for service authorization by providers is transmitted to CCBHS via the IS system. The request is reviewed by CCBHS staff to determine appropriateness of a request with regards to level of service and level of functioning. Any questions or concerns regarding the authorization request will be discussed with the MCAT or provider staff.

4. If CCBHS determines that the element of service is inappropriate, a discussion will occur with the MCAT staff either negotiating or denying the authorization. If the appeal for element of service is requested from a consumer, the MCAT team will re-assess the level of service recommendation within three days of request from the consumer. MCAT staff will not deny the authorization for services without offering an opportunity for further peer consultation and, if necessary, review by the CCBHS clinical staff.
5. The MCAT review of consumer level of service appeals may be conducted by phone or in person. The following options will be offered: Further discussion with the MCAT staff authorizing treatment utilizing any additional clinical documentation; peer review by another MCAT staff not involved in the original review; and, if disagreement continues, an informal phone review with CCBHS clinical staff.
6. In the event of continued disagreement regarding the authorization denial a review by the CCBHS Program Director can be requested. If the original decision is upheld following the review by the Program Director, a formal Denial of Authorization letter will be sent to the referring source with a copy to the consumer. The letter will contain the specific reason for denial of service element and the service element that will be available to the consumer.
7. The recipients will have 60 days from the receipt of the letter to appeal a denial of treatment element. The provider must submit any medical records that have bearing on the rationale for the change in service element. The PHP will review the request along with any other additional documentation submitted by the provider. The PHP will respond within to (10) days with the reviewer's determination.
8. The RSN Ombudsman, as well as the provider agency staff, is available to assist the consumer in filing an appeal. The Clark County Ombudsman phone number is (360) 694-6577 x 234.
9. The Consumer may file a grievance according to the Clark County RSN Consumer Complaint and Grievance Policy.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Mary A. Johnson, RSN Manager**  
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